

**CITY OF CHICAGO**  
**DIRECT PAY RATES**  
EFFECTIVE JANUARY 1, 2007

10/25/2006

**PHSA (Formerly known as COBRA) RATES**  
EFFECTIVE JANUARY 1, 2007

10/25/2006

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
BLUE CROSS BLUE SHIELD PPO	\$403.12	\$730.13	\$1,083.74
BLUE CROSS BLUE SHIELD PPO/HRA	\$370.08	\$670.29	\$994.92
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$133.03	\$262.85	\$455.17
<b>HMO</b>			
BLUE ADVANTAGE HMO	\$291.53	\$561.47	\$867.33
UNICARE HMO PERFORMANCE	\$324.23	\$676.24	\$948.26
BLUE CARE DENTAL HMO	\$11.81	\$22.94	\$37.75
COMPIDENT PPO	\$15.29	\$29.82	\$51.99
VISION	\$4.48	\$8.96	\$13.43